

<i>SERFF Tracking Number:</i>	<i>AMCM-127030650</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Community Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>48026</i>
<i>Company Tracking Number:</i>	<i>PPACA AMEND (IND09)</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>PPACA Amend</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: American Community Mutual Insurance Company

Product Name: PPACA Amend

SERFF Tr Num: AMCM-127030650 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 48026

Sub-TOI: H16I.005A Individual - Preferred
Provider (PPO)

Co Tr Num: PPACA AMEND
(IND09)

State Status: Approved-Closed

Filing Type: Form

Author: Pat Robbins

Reviewer(s): Rosalind Minor

Date Submitted: 02/18/2011

Disposition Date: 03/01/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 03/01/2011

State Status Changed: 03/01/2011

Deemer Date:

Created By: Pat Robbins

Submitted By: Pat Robbins

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Enclosed for your review and approval is Amendment Form AR-IND09-PPACA-AR. This amendment will be used with policy form IND09 approved on 10/09/2008, to bring the policy form into compliance with the Patient Protection and Affordable Care Act.

This amendment includes the following updates to the policy form for PPACA:

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- *Removal of lifetime and annual maximum dollar amounts applicable to essential health benefits.
- *Updates to preventive care benefits
- *Removal of the exclusion of pre-existing conditions for insured's under age 19.
- *Removal of the exclusion for smoking cessation.
- *Updates to the Eligibility and End of Coverage provisions to provide dependent coverage to age 26.
- *Updates to the End of Coverage and Time Limit on Certain Defenses provisions to indicate that coverage cannot be rescinded except for fraud or intentional misrepresentation of material fact.

In addition to the above changes, the amendment also includes an update to the Covered Charge for physical, occupational, and speech therapy. This item has been revised to remove the requirement that the sickness or injury must occur after the effective date in order to be covered.

Company and Contact

Filing Contact Information

Patricia Robbins, Sr. Compliance Specialist	probbins@american-community.com
39201 Seven Mile Road	734-591-4708 [Phone]
Livonia, MI 48152	734-591-4628 [FAX]

Filing Company Information

American Community Mutual Insurance Company	CoCode: 60305	State of Domicile: Michigan
39201 Seven Mile Road	Group Code:	Company Type:
Livonia, MI 48152	Group Name:	State ID Number:
(800) 991-2642 ext. [Phone]	FEIN Number: 38-1290976	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 1 form = \$50.00 ACMIC USE ONLY Acct #6200030
Per Company:	No

SERFF Tracking Number: AMCM-127030650 State: Arkansas
Filing Company: American Community Mutual Insurance State Tracking Number: 48026
Company
Company Tracking Number: PPACA AMEND (IND09)
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Community Mutual Insurance Company	\$50.00	02/18/2011	44849696

SERFF Tracking Number:	AMCM-127030650	State:	Arkansas
Filing Company:	American Community Mutual Insurance Company	State Tracking Number:	48026
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TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/01/2011	03/01/2011

<i>SERFF Tracking Number:</i>	<i>AMCM-127030650</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 03/01/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMCM-127030650 State: Arkansas

Filing Company: American Community Mutual Insurance State Tracking Number: 48026
Company

Company Tracking Number: PPACA AMEND (IND09)

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)

Product Name: PPACA Amend

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Patirent Protection and Affordable Care Act Amendment	Approved-Closed	Yes

SERFF Tracking Number: AMCM-127030650 State: Arkansas

Filing Company: American Community Mutual Insurance State Tracking Number: 48026

Company Tracking Number: PPACA AMEND (IND09)

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: PPACA Amend

Project Name/Number: /

Form Schedule

Lead Form Number: AR-IND09-PPACA-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/01/2011	AR-IND09-PPACA-AR	Policy/Contract/Amendment Certificate: Amendment, Insert Page, Endorsement or Rider	Patirent Protection and Affordable Care Act Amendment	Initial		40.000	AR-IND09-PPACA-AR.pdf

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
(Herein Referred to as "The Company")
39201 West Seven Mile Road, Livonia, Michigan 48152

Patient Protection and Affordable Care Act Amendment

This amendment rider is a part of the policy to which it is attached. It is subject to all the terms and conditions of the policy not inconsistent with it. It is effective on January 1, 2011.

A. The following changes are made regarding lifetime maximum benefits and annual dollar maximums included in the policy:

1. The "Maximum Lifetime Benefit per Family Member" and all references to it are removed.
2. The "Combined Maximum Lifetime Transplant Benefit" and the "Maximum Benefit per Family Member" for Designated and Non-Designated Transplant Facilities are removed along with all references to these maximums.
3. The calendar year maximum for Allergy Testing & Serums and all references to it are removed.

B. The following changes are made to the Preventive Care benefits:

1. The Preventive Care calendar year maximum and all references to it are removed.
2. Benefits for Preventive Care Covered Charges are payable at 100% when services are performed by a Network Provider.
3. The following are added to the Preventive Care benefits as Covered Charges:
 - a. Items and services included in the list of Grade A and B Recommendations of the United States Preventive Services Task Force.
 - b. Immunizations for routine use in children, adolescents and adults as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. A recommendation is considered in effect after it has been adopted by the Director of the Centers for Disease Control and Prevention. A recommendation is considered to be for routine use if it is listed on the Immunization Schedules of the Centers for Disease Control and Prevention.
 - c. Preventive care and screenings for infants, children and adolescents provided in guidelines supported by the Health Resources and Services Administration.
 - d. Preventive care and screenings for women provided in guidelines supported by the Health Resources and Services Administration.

C. The Covered Charge in the Medical Benefits section of the policy regarding physical, occupational and speech therapy is deleted and replaced with the following:

Services by a licensed physical therapist, occupational therapist, or Speech Therapist, for Rehabilitation of a Sickness or Injury, subject to the maximum number of visits shown on the Policy Schedule.

D. The Pre-existing Condition Limitation provision does not apply to Family Members under the age of 19.

E. The following changes are made to the General Exclusions section of the policy:

Smoking cessation is no longer excluded under the policy.

F. The following changes are made to the General Provisions section of the policy:

1. The Eligibility provision is deleted and replaced with the following:

Eligibility. The following persons are eligible to be Family Members:

1. You;
2. Your spouse;
3. Your and Your spouse's children and adopted children, provided they are less than 26 years of age.

We consider a child in Your custody, pursuant to an interim order of adoption by You, vesting temporary care of the child in You, as an adopted child, regardless of whether a final order granting adoption is ultimately issued.

2. The End of Coverage provision is amended as follows:

Item 2 is amended to read "Your child's coverage ends on the first Renewal Date after the child attains age 26".

Item 3.b. regarding coverage ending when the sum of benefits paid equal or exceed the Maximum Lifetime Benefit is removed.

Item 3.c. is amended to read "If the Family Member commits fraud or an intentional misrepresentation of material fact in applying for benefits under this policy."

G. The Time Limit on Certain Defenses provision is deleted and replaced with the following:

After 3 years from the Effective Date of this policy no statements, except fraudulent statements or an intentional misrepresentation of material fact, made by a Family Member in the application can be used to void this policy or deny a claim which starts after the end of the 3 years.

No claim, for a Sickness or Injury commencing after 3 years from the Effective Date, will be reduced or denied on the ground that the Sickness or Injury not excluded from coverage by name or specific description had existed prior to the Effective Date of this policy.

Signed for American Community Mutual Insurance Company at Livonia, Michigan

[Authorized Signature]

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<i>Product Name:</i>	<i>PPACA Amend</i>		
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Rate data does NOT apply to filing.

SERFF Tracking Number: AMCM-127030650 State: Arkansas
Filing Company: American Community Mutual Insurance State Tracking Number: 48026
Company Company
Company Tracking Number: PPACA AMEND (IND09)
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
(PPO)
Product Name: PPACA Amend
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability (PPACA AMEND IND09).pdf	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:	Approved-Closed	03/01/2011

	Item Status:	Status Date:
Satisfied - Item: PPACA Uniform Compliance Summary Comments:	Approved-Closed	03/01/2011

<i>SERFF Tracking Number:</i>	<i>AMCM-127030650</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>PPACA Amend</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Attachment:

AR - PPACA Uniform Compliance Summary - IND09.pdf

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road, Livonia, Michigan 48152
734-591-9000 – Fax 734-591-4628
NAIC Company #60305 – NAIC Group #166

READABILITY CERTIFICATION

TO: The Arkansas Department of Insurance

RE: PPACA Amendment

DATE: February 18, 2011

Form Number

Description

OTR-IND09-PPACA-AR

Patient Protection and Affordable Care Act Amendment

I certify that the above form meets or exceeds a score of forty (40) on the Flesch Readability Test.

Francis P. Dempsey, Senior Vice President
General Counsel & Corporate Secretary

Date: February 18, 2011

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			